

INVASIVE MOSQUITO OVITRAPPING PROGRAM
USACHPPM, ESD, 1312 Cobb ST SW Ft McPherson GA 30330-1075

INSTALLATION: _____

YEAR: _____

(place color tape here)

(MM/DDYY)				
Date placed: ____/____/____				
Date removed: ____/____/____				
	Trap Condition			
	Good	Dry	Miss- ing	Over- flow
Site				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				